

The Impact of OD Intervention on the Factors of Job Characteristic, Career Opportunities & Advancement, Salary & Benefit, and Managers' Leadership Style that Influence Job Satisfaction and Nurse Retention in Two Private Hospitals: A Case Study

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Abstract

Many studies show the positive relationship between job satisfaction and the intent to stay in the nursing profession. The different groups of nurses show different results. This study was conducted in two private hospitals in Bangkok to explore the factors that influence nurses' job satisfaction and retention and to investigate the relationship between nurses' job satisfaction and retention. This study also evaluated the impact of Organization development Intervention (ODI) toward the organization. The satisfaction levels of four factors were investigated before and after ODI. In summary, it showed that ODI can impact both satisfaction and retention, and implied that ODI created positive impact for the hospitals.

Key Words: job satisfaction factor, nurse retention

The world is faced with the scarcity of a qualified health workforce. Workforce management is a challenge for the healthcare business especially for hospitals that need people to take care of patients. The shortage of the workforce in the healthcare business is predicted for the future decades because the aging population segment would soon consist of the largest number. The shortage includes registered nurses, the decrease in the number of people wish to enter into this industry; and the increasing number of people leaving the profession (Waldman, 2004; Tourangeau & Cranley, 2006). The US Bureau of Health Professions analyzed that the supply of nurses in the US will be 29 percent below the requirements by the year 2020, unless there is an implementation of significant intervention and investment. According to a report of the International Council of Nurses (ICN) and its sister organization, The Florence Nightingale International Foundation

(IFNTF), the shortage of nurses is a global issue and is occurring in many countries in the world (Buchan & Calman, 2004).

The shortage of nurses can be described in terms of the supply and demand imbalance. In the country, the supply can balance demand in some urban areas but there are less nurses who work in rural areas. Not only is the distribution of nurses not appropriate in countries but also the impact of HIV/AIDS has also created the dissatisfaction of nurses to continue working in hospitals. Moreover, the nursing shortage in Thailand and around the world is driven by the following factors (Kimball & O'Neil, 2002; Spetz & Given, 2003) is given below:

1. Aging population. As baby boomers get older, it is very likely that the demand for nursing care will increase.
2. Fewer workers. There are fewer younger people entering the workforce, which has been seen as a "war of talent" in the workforce, especially in nursing care.
3. Aging workforce. The physical demands of nursing generally prevent individuals from working in the profession much past their mid-50s. With the average age of nurses being around 40, many nurses will retire in the next decade.
4. More options for women. Women have left nursing for other professions and not enough men have entered to take their place.
5. Generation gap and attitudes toward the nursing profession. The Gen Y, the main source of young workers, perceives nursing as unappealing.
6. Work environment. Fewer resources and greater demands have resulted in dissatisfaction and disillusionment among nurses. Poor working conditions in hospitals are believed to be a primary cause of the shortage of nurses.
7. Consumer activism. Growing consumer empowerment, increasing awareness of medical errors and the backlash against managed care has led health care consumers to insist on vigilant participation in their care.
8. Ballooning health care system. Higher competitive pressures, in the health care financing does not fit well for a profession that lacks the authority to create change within the healthcare system.

The shortage and fast turnover of nurses in the country has created a serious problem in hospital management. Therefore, both nurse recruitment and retention are the challenges

for hospital management. Many studies describe the cost for hospitals which are related to nursing turnover (Jones & Gates, 2007; Jones, 2004; Jones, 2005). The cost are recruiting cost, hiring cost, termination cost, costs of unfilled position, orientation and training costs, and cost of employing new nurses which decreases productivity (Jones, 2004). The impact of nursing turnover is not only because of cost but also because of the quality of care. The cost could be reduced if management can identify the factors that contribute to turnover. In addition, the factors that contribute to the intention to stay must be identified. It is valuable to study the factors of nursing retention. The more experienced nurses can contribute to better nursing care which results in organization effectiveness. The more they stay in the hospitals, the more experience they have, the better service the hospital offers its clients.

Many studies show the positive relationship between job satisfaction and intent to stay in the nursing profession (Cavanage & Coffin, 1992; Cowin, 2002; Larrabee et al., 2003; Mrayyan, 2007). The negative correlation between job satisfaction and intention to leave the organization and profession had been shown in a study conducted by Lu, et. al. (2002). However, the needs, values and attitudes of people can be different according to their demographic generation. The factors that make nurses leave the organization are different according to the generations (Takase, Oba, & Yamashita, 2007).

Organization Assessment

The organization for this study is a public company limited. This company is under the biggest group of private hospitals in Thailand. The company was founded in 1979 and was awarded the prestigious recognition as a Mother and Baby Friendly Hospital by WHO and UNICEF in 1999. This study focuses only on two hospitals which are located in Bangkok. There are altogether 1,900 employees, 570 registered nurses, and more than 500 doctors and specialists. These hospitals have their own hospital director but are administrated by one chief executive officer (CEO). All practices and policies of human resource management that apply to these hospitals are the same.

The brief analysis of these hospitals in terms of McKinsey 7S Framework can be described as follows:

1. Strategy

The company has 3 levels of strategies: company, hospital, and division strategies. The company uses five views of excellence as a framework of strategic formulation which was developed internally by the CEO and was named “Five Pointed Star of Excellence” falling into the five areas as clinical excellence, service excellence, innovation excellence, financial excellence, and people excellence. Normally, the strategies are carried out through the company level to the hospital, division and department level consecutively and implemented throughout the company.

2. Structure

The structure of the company at a high level is divided into two hospitals and one shared services group. Due to the hospitals’ different locations, the organizational structures are independent from each other. The hospital organizational structure has been designed according to the hospital strategies which divide business units into Strategic Business Unit (SBU) and Business Unit (BU). The departments or units under the hospitals are designed to provide the services and activities related to patient care such as women health clinic, sport and orthopedic clinic, Imaging, Laboratory, Pathology, and wellness center. For the shared service group, the organizational structure has been designed based on functions such as marketing, sales, human resources, business alliances, and general support. These divisions and departments support and provide services to the two hospitals to promote good standard work and to ensure that the duplicated work is reduced.

There are eleven position levels in the hierarchy from staff to CEO. The work units are divided into four levels which are department, division, hospital, and company and line of command and communication flow follow the organization structure. All nurses are under the structure of the hospital while the Human Resource Division is under group of shared services.

3. System

The company has many categories of systems, such as computer system and work system, created to support the company strategies and operations. The main computer systems in the company supporting the operations are Patient Care System or front service system, and Enterprise Resource Planning system which houses the human resource system and the financial system. Quality system is another system that strengthens patient care service system and is not a computer based system.

However, the same system does not guarantee the same outcome between hospitals. Nursing manager teams are the closest people to the nurses and enable them to influence human resource outcomes. They are the actual implementers because most of the HR

policies need to be conducted by the managers such as performance appraisal, promotion, and training. In addition, the structure of the nursing teams for both hospitals is separated; it leads to the different management styles and work culture.

4. Shared Values

The company has designed values and communicated them to all new staff when attending the orientation program. The company values are posted in the company website and the HR website is used internally. However, employees do not recognize the formal company shared values due to the long and many worded sentences; so, there is less communication about shared values in hospitals. In addition, many terms are used in various aspects in the hospitals. The examples are:

- **Core competency:** It is desired behavior that all employees must have. They are 5 word sets which are Teamwork , Result Oriented, Continuous Improvement, Customer focus and Communication
- **Employee Value Proposition (EVP):** It is a human resource framework of which the company promises to the employees what in teams of 3 phrases; We Care, We Give, and We Grow.
- **Hospital Theme:** This changes every year regarding what the company focuses on based upon the circumstances. The examples are “One hospital three locations”, and “Going Intelligent”. This is used to drive the employees’ performance and behavior.

5. Style

The management team is a combination between medical management and business management. The hospital directors having a medical background focus on patient care system while CEO having business background focuses on the figures and management processes. The different management styles of top management create different style of work in the next level and different work cultures between the two hospitals.

6. Staff

The staffs is divided into three groups: registered nurses, clinical staff, and non-clinical staff. Registered nurses are the majority of the staff (30% of total staff).

The hospitals perform an employee engagement survey every year by using models adapted from Hewitt Engagement Model (Hewitt Best Employer in Thailand, 2009). The survey aims to identify the number of employees talking positively about the company, wanting to be members of the company, and have driven for the company's success. There are six main areas measuring the level of staff satisfaction; work, people, total reward, company practices, opportunities, and quality of work life.

7. Skills

Most of staff nurses have a skill set and there is some gap between required skills and staff skills. Skill sets are monitored by the appraisal evaluation systems every year. The gap between staff competency will be a training need for an annual training plan.

The average of a staff nurse years of service is about 4.5, so most of staff have the skills to perform their routine jobs. However, the turnover rate of staff who works in the hospital between 1-3 years is higher than the target. The target of turnover is 12% annually while the turnover rate of nurses is 18- 28 % during the last 3 years. This can predict the shortage of experienced nurses in the next few years.

From the assessment using 7S model, the company's organizational structure has been developed to support the effectiveness of the hospital operations by decentralizing the power and responsibilities from the level of the company to hospitals. In addition, the group of shared services has been created to support the hospital operations, promote standardization and reduce duplication of work between the two hospitals. The strategies have been aligned with the organizational structure and many systems function to support the company strategies and the effectiveness. The hard elements of the 7S model conclude that an alignment between structure and strategy exists and the company systems are aligned with the strategy as well. In other words, there are linkages among structure, strategies, and systems. For the four soft elements, it can be interpreted that they are interrelated. Nurses are the majority group of *staff* who provide nursing care to the patients. Thus, the hospitals need *skilled* and experienced nurses. However, the turnover of nurses is a challenge for the management team. The management *style* between two hospitals varies because the hospital directors have different backgrounds

and personal interests. The management style is the factor related to the turnover of the nursing staff. For shared values, they work through other elements such as quality system.

Nurses are at the heart of providing the best patient care-but we must have enough nurses with the right skills and expertise (Hancock, 2000a). For this organization, the management teams have recognized how the nurse turnover can be a critical problem. In response to this matter, strategies can be developed and implemented. The factors to be considered during the intervention and implementation period involve the management style of nurse managers who are the actual implementers.

Research Objectives

The study aims to focus on the following objectives:

- To explore the factors that influence nurses' job satisfaction and retention
- To investigate the relationship between nurse' job satisfaction and retention
- To design an Organizational Development Intervention (ODI) for increasing of job satisfaction and retention of nurses
- To implement the ODI for group of nurses and get the result for the further ODI processes
- To evaluate the impact of ODI on job satisfaction and retention
- To evaluate the impact of ODI on satisfaction level of studied factors.

Research Hypotheses

The hypotheses of this study are:

Ha1: There is a positive impact of ODI on the satisfaction of Job Characteristics, Career Opportunities & Advancement, Salary & Benefits, and Manager's Leadership Style.

Ha2: There is a positive impact of ODI on Nurses' Satisfaction.

Ha3: There is a positive impact of ODI on Retention in the hospitals.

Ha4: There is positive correlation of Satisfaction and Retention in the hospital.

Literature Review

Job Satisfaction

Job satisfaction is the degree by which an individual feels positively or negatively about various aspects of the job (Greenberg & Baron, 2003; Schermerhorn, 2004). Another definition from Spector (1997) is how people feel about their jobs and its different aspects. Moreover, Vroom (1964) defined job satisfaction as a worker's attitude with reference to job roles and employee motivation. Job satisfaction also includes worker perceptions of extrinsic and intrinsic employment factors (Howard & Frank, 1996). In summary, job satisfaction is about attitude and feelings that can influence behavior at work.

There are two main job satisfaction theories applied in this study which are as follows:

Herzberg's Two Factor Theory

Herzberg's Two Factor Theory was developed by Herzberg, Mausner, and Snyderman in 1959. His theory suggests that employee satisfaction has two dimensions: motivation factors (satisfier) and hygiene factors. These factors act independently of each other. The factors in the workplace that cause job satisfaction are different from set of factors that cause dissatisfaction. According to the theory, an improvement of motivator factors would increase job satisfaction while an improvement of hygiene factors would decrease job dissatisfaction. In other words, hygiene factors cannot motivate employees but can minimize dissatisfaction, if handled properly. The hygiene factors, such as working conditions, co-worker relations, policies and rules, supervisor quality, and base wages, decrease employee's dissatisfaction with the work environment. The motivator factors, such as achievement, recognition, responsibility, work itself, advancement, and personal growth, make employees more productive, creative, and committed to their job.

This theory has been tested in various working places, contexts, and occupations, the previous studies have shown different results and findings.

Expectancy-Value Theory

Expectancy-Value theory is a cognitive-motivational model in which individuals' motivation to strive for or choose a particular goal is a function of their expectancies to succeed in that goal (Vroom, 1964). The concept of this theory suggests that individuals would be motivated if the following three criteria are met. Firstly, individuals must value

the behavioral outcome. Secondly, individuals must expect that if they behaved in a certain way, they would receive certain outcomes. Finally, individuals must expect that they are capable of performing the behavior that leads them to achieve the outcome. According to the theory, job satisfaction depends on the difference between the expected outcomes, such as opportunities for skill utilization (Feather & O'Brien, 1986) that individuals value in their jobs and their perceptions about the availability of such outcomes. According to the theory, job satisfaction depends on the difference between the expected outcomes, such as opportunities for skill utilization (Feather & O'Brien, 1986) that individuals value in their jobs and their perceptions about the availability of such outcomes.

Job Characteristics Model

The most current and widely used of expectancy-value theory is job characteristics model of Hackman and Oldham (1980). Hackman and Lawler (1971) showed that job characteristics can directly influence employee attitudes (i.e., job satisfaction) and behaviors (i.e., employee retention) at work. The job characteristics model and Herzberg's two factor theories are similar in the sense, that they both emphasize a set of features that should come with a job to make employees satisfied and motivated. Hackman and Oldham (1980) suggests that when a job provides an employee with three critical psychological states, s/he would have internal motivation to do with his/her job. The three critical psychological states are presented as the primary motivational components of the job characteristics model. Firstly, an employee must feel that s/he has a personal responsibility for the outcomes of his/her job. Secondly, an employee must feel that his/her work is meaningful. Finally, an employee must be aware of his/her individual effectiveness in converting effort into performance.

Nurse's Job Satisfaction

Job satisfaction has impacted employee turnover rate and nurse's job satisfaction and has been identified as a key factor in nurse's turnover. Its factors do not depend only on the nature of the job but also on the nurses' expectations (Lu et al., 2005).

As in Table 1, many studies show the sources of nurse job satisfaction in various countries. Job satisfaction is a topic of wide interest to both people who work in organization and people who study it (Lu et al., 2005). Many models of job satisfaction

focus on the feeling that employees have about their job. However, it is not only about the nature of the job but also the expectations that employees have of what their job should provide.

Nurse satisfaction is related to nurse retention and quality of care. Newman and Maylor (2002) studied the chain of nurse satisfaction, quality of care , and patient satisfaction.

Table1. Source of Nurses' Job Satisfaction Literatures

Sources of Job satisfaction	Key empirical sources
Working conditions	Adamson et al. (1995), Nolan et al. (1995), Tovey and Adams (1999), Adams and Bond (2000), Tzeng (2002a,b)
Interaction: Relationships with patient; Relationship with co-workers; Relationship with managers	Adamson et al.(1995), Nolan et al. (1995), Lee (1998), Tovey and Adams (1999), Adams and Bond (2000), Aiken et al.(2001), Price (2002), Tzeng (2002a,b), Wang (2002)
Work itself : Workload; scheduling; challenging work; routinization; task requirement (abilities, skills etc.)	Nolan et al. (1995,1998), Lee (1998), Lundh (1999) , Tovey and Adams(1999), Adams and Bond (2000), Price (2002), Tzeng (2002a,b), Wang (2002)
Remuneration (pay, salary)	Adamson et al. (1995), Nolan et al. (1995), Lee (1998), Aiken et al.(2001), Price (2002), Tzeng (2002a,b), Wang (2002)
Self-growth and promotion: Professional training; opportunities of advancement; job promotion; personal achievement	Nolan et al. (1995), Lee (1998), Aiken et al.(2001), Price (2002), Tzeng (2002a,b), Wang (2002)
Praise and recognition	Nolan et al. (1995), Lundh (1999), Aiken et al.(2001), Price (2002), Wang (2002)
Control and responsibility Autonomy ; decision-making	Nolan et al. (1995, 1998), Lee (1998), Price (2002), Wang (2002)
Job security	Nolan et al. (1995, 1998),
Leadership styles and organizational policies	Lee (1998), Tzeng (2002a,b)

Source: Lu et al. (2005), Job satisfaction among nurses: A Literature review, International Journal of Nursing Studies, 42, 211-227.

The links in the chain are illustrated in Figure 1. The chain proposes the following linkages: Service capability is determined by the following;

- Service capability influences nurses' satisfaction and morale;
- Nurses' satisfaction influences nurses' retention;
- Nurses' retention influences the quality of patient care;
- Quality of patient care influences patient and nurse satisfaction.

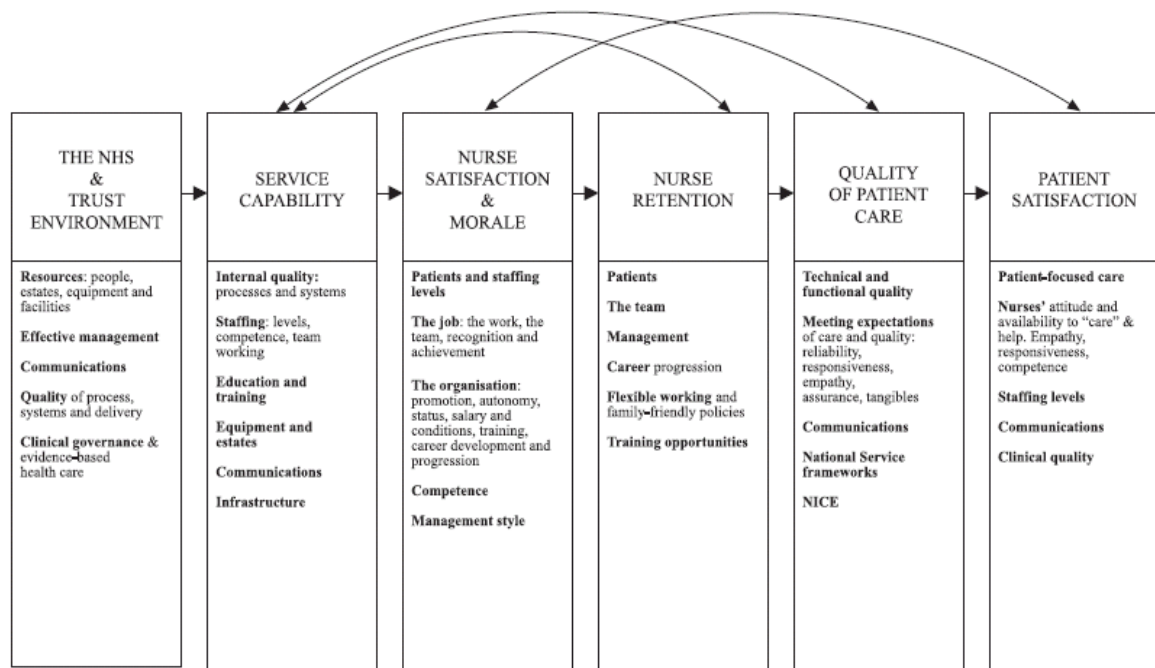


Figure 1. Nurse Satisfaction, service quality and nurse retention correlation

Figure1 shows the components of Nurses' Satisfaction and Morale and Nurses' Retention including its linkage. The components of Nurse Satisfaction and Morale in the Job are (the work, the teams, recognition and achievement) and Organization Practice (promotion, autonomy, status, salary and conditions, training, career development and progression), competence, and management style. The components of Nurses' Retention are teams, management, career, flexible working conditions, and training opportunities.

The other study of job satisfaction factors was conducted by Savery 2007 who divided factors into three groups. The three factors were “individual motivators”, “employee relationship” and “personal relationship”.

Employee Retention

Taunton & Woods (1989) describe theoretical models of retention on the basis of 4 dimensions which are:

- Employee Characteristics; opportunity to work with other companies, relationship with colleagues, education and family matters.
- Task requirements; communication, involvement in the decision making process.
- Organization Characteristics; compensation, career opportunities.
- Manager Characteristics; motivation, influence and leadership style

Dibble (1999) mentions 4 factors that enhance employee retention which are as follows:

- Compensation , salary, benefits and remuneration
- Development and career opportunity; provide sufficient feedback training and internal job rotation
- Work environment, organization policies, management style and employee performance management
- Work life balance, flexible working hours, procedures and the work itself

Managers’ Leadership Style

The managers’ leadership style is an important factor that is related to employee job satisfaction. Some researchers have shown the correlation between leadership and job satisfaction (Coomber & Barriball, 2006; Lok & Crawford, 2004; Medley & Larochelle, 1995; Rad & Yarmohammadian, 2006; Sellgren et al., 2007). There are many definitions of leadership from many studies and researches. Leadership is the process of inspiring others to work hard to accomplish important tasks (Schermerhorn, 2002). Burns (1978), as cited in Theory and Practice of leadership by Roger (2007), defines leadership as a mobilization process by individuals with certain motives, values and access to resources in a context of competition and conflict in pursuit of goals. The process whereby one

individual influences other group members toward the attainment of defined group or organizational goals is another definition (Grennberg & Baron, 2003).

Goleman (2000) has identified six styles of leadership using the emotional intelligence concept. They are called coercive leaders, authoritative leaders, affiliative leaders, democratic leaders, and coaching leaders.

Bass and colleagues (2007) defined the styles of leadership. These styles are directive, consultative, participative, negotiative, and delegative. However, some styles seem similar to Goleman's concept of emotional intelligence. For example, directive leadership style looks like coercive style where leaders tell followers what to do. Participative leaders make decision in groups which is similar to democratic leaders.

Salary and Benefits

Employee compensation refers to all forms of pay or rewards employees received from their employers. Employees can be motivated not only by financial compensations (i.e., salary, annual bonus), but also by non-financial compensation (i.e., security, recognition, and fair treatment).

It is undeniable that a private hospital may distribute high salaries to attract, retain, and motivate nurses. Money may be considered as a 'scorecard' through which workers can assess how much significance an organization places on them as compared with other organizations (Robbins, 2001). Younger workers with low incomes are much concerned with money, whereas older workers with high incomes and organizational positions can be motivated more through job security, interesting work, and job recognition (Kovack, 1987). Gen Y workers get used to technology and networking fueling their demand for immediacy; therefore, they are looking for more short-term payoffs at work, including immediate feedback, rewards and praise for an excellent job. Workers' pay satisfaction usually influences their job satisfaction (Lawler, 1973)

Under Maslow's hierarchical needs theory, salary is associated with the lower level of needs, that are physical and security needs. Maslow (1954) also pointed out that once the needs at the lower order are met, the needs at the higher order will be prioritized. In other

words, after enough increase in salaries are met (lower level needs) , an additional salary raise might not motivate nurses any further.

Career Opportunities and Advancement

In order to improve performance level of workers and job satisfaction, an organization could motivate their workers by providing opportunities for career opportunities and advancement, as one of workers' value motivators rather than hygiene factors (Ramlall, 2004). Career advancement is one way an organization can use rewards for employees' performance and loyalty. If an organization does not have an open position to promote their valuable employee, they can also consider giving him or her a new title that reflects the level of work s/he has achieved. Moreover, an organization should support their employees when feasible by allowing them to pursue further education, which will provide them more value in their jobs and more fulfilled professionally.

Conceptual Framework

Many studies about job satisfaction have indicated that there are many factors related to employee job satisfaction. Among them are jobs, teams, recognition, achievement, management styles, salary, promotions, autonomy, training, career development and progression, and patients. As mentioned, the top priority job satisfaction factors are different in each organization. However, this study focused on four factors which are manager leadership styles, compensation systems, career opportunities and job characteristics. Those factors are related to job satisfaction and are linked to retention of nurses. In addition, the cohort of nurses would be taken into consideration for the analysis as well.

The degree of job satisfaction was measured by using a questionnaire which included those focusing factors such as manager leadership style, compensation system, career opportunities & advancement, and job characteristic. The age of the nurses was compared with the level of job satisfaction. After reviewing all related factors, the OD interventions were designed and proposed for implementation. In summary, interventions that were utilized were coaching, mentoring system, special assignment, job rotation

- Implementation of career path included managerial and professional position. In addition, the career path was linked to the salary structure
- Increasing manpower to decrease workload and the level of stress of the nurses due to long working hours
- Salary and allowance adjustments.

The expected results after implementation of this intervention improved job satisfaction and retention. The conceptual framework of this study is shown in Figure 2.

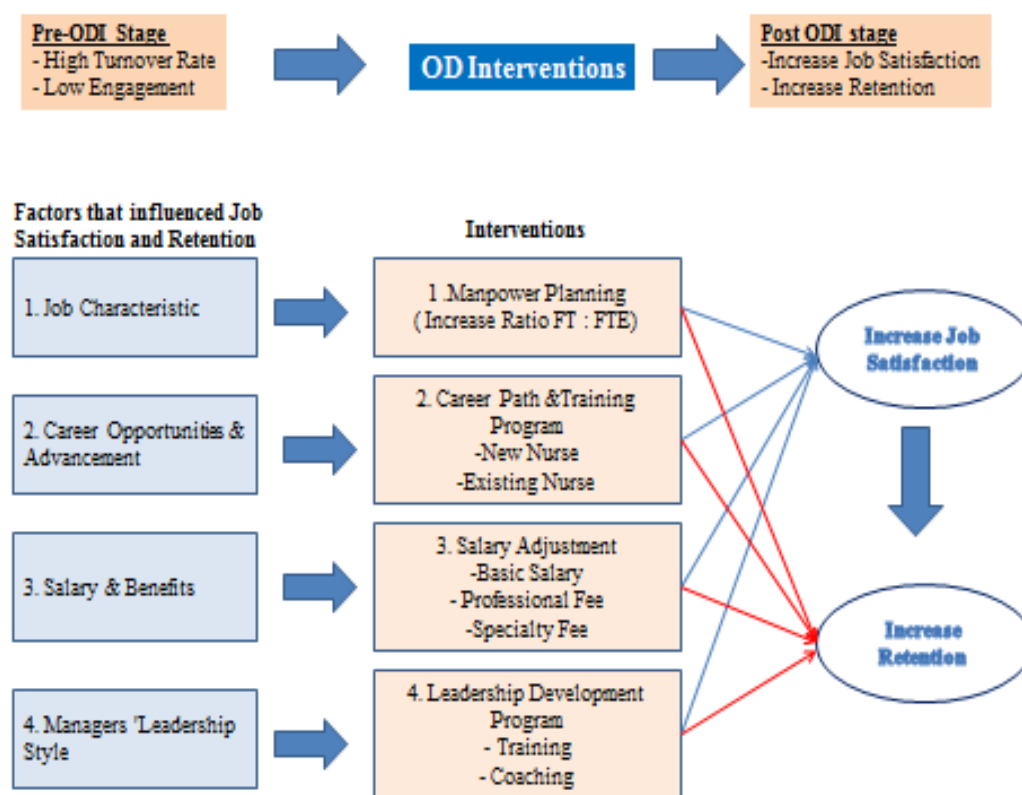


Figure 2. Conceptual Framework

Action Research Framework

The action research model was applied in this study. The action research emphasized more on what practitioners do than on what they say they do (Avison, et al.1999). By using the action research, the study tried out theories in real situations and real

organizations. The action research model in this study is a process of three phases: the pre-ODI phase, ODI phase, and post-ODI phase, respectively.

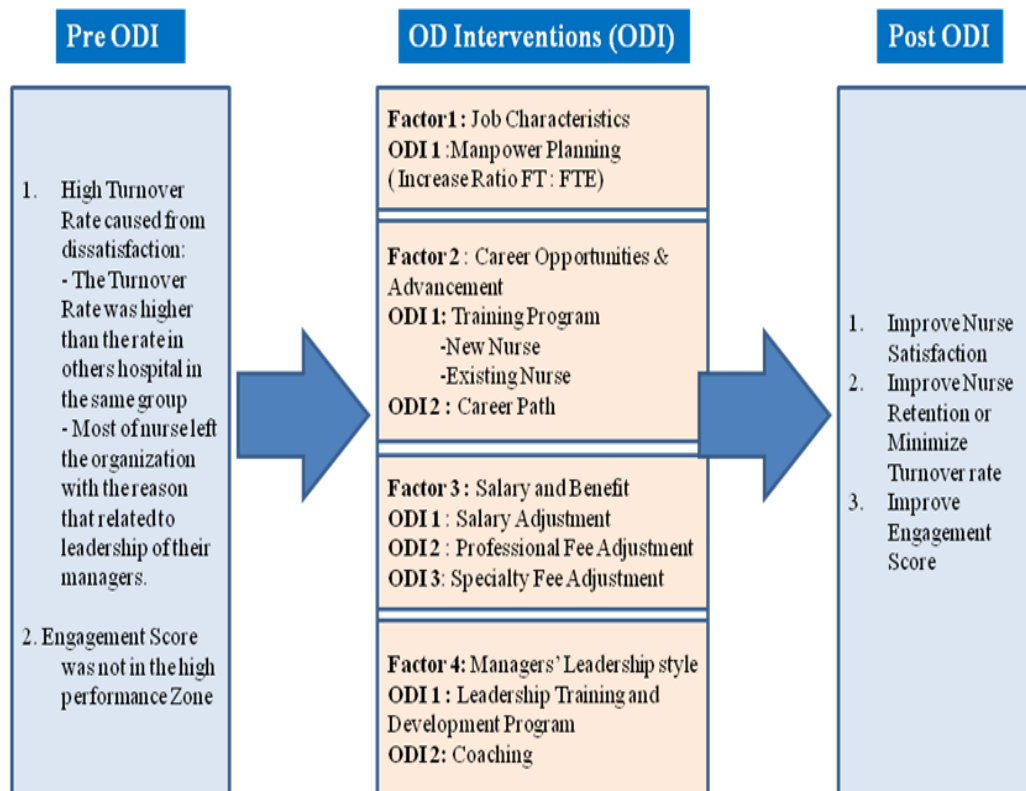


Figure 3. ODI Framework

The initial assessment included the McKinsey 7S model analysis. The actual diagnosis for Phase 1 of the action research in this study used a survey questionnaire and interviews to collect data on the selected variables. A self-administered questionnaire was employed to collect data from the respondents based on random sampling to represent the total population in this study.

After conducting the diagnosis in Phase 1, the results were analyzed and the appropriate ODI activities and processes were designed to either improve or correct areas in the organization. This was accomplished in Phase 2, the change or development phase of the action research design. The Organization Development interventions (ODI) were

implemented after the first data collection. The implementation period took about eleven months.

In Phase 3 or the evaluation phase, the same questionnaire was used to collect data from the same sample group that participated in the first phase. Statistical analysis was done to compare for significant changes between the pre and post ODIs on the variables of job satisfaction and employee retention.

The analysis of the information at pre-ODI and post-ODI covered the effectiveness of the interventions as well as the sample groups' level of satisfaction in nursing career and level of scale in retention. In addition, the correlation between satisfaction and retention was investigated.

Research Design and Process

The instruments used in this study were questionnaire and interview. The questionnaire can be applied for the large group of sample and for this study, the survey using questionnaire was served as the primary research tool and the interview method was served as the tool for supporting information.

Questionnaires (Survey): Cummings and Worley (2005: 117) suggest that “one of the most efficient ways to collect data is through questionnaires.” In this study, the questionnaire was tested for reliability using Cronbach's alpha coefficient method (Kanasutr, 1999). Fifteen nurses tested the reliability of the questionnaire and correction had been made regarding the test results before it was used for data collection.

Interview: In the widely used Organization Development and Change textbook, Cummings and Worley (2005, p119) suggest that, “a second important measurement technique is interview”. Focus group interviews and individual in-depth interview are probably the most widely used technique for gathering qualitative data in OD.

Qualitative Analysis

The objective of the qualitative analysis in this study was to seek for opinions and behaviors of the nurses towards the factors studied by using focus group discussion with the nurse managers and one-on-one indepth interviews with the nurse directors. The information from the focus group discussions and the one-one-one in-depth interview at both pre-ODI and post-ODI stages were used to support and validate the results of quantitative analysis. The interviews provided better understanding of the implications of the quantitative data.

Quantitative Analysis

For the quantitative analysis in this study, a self-administered questionnaire was used to gather information from the nurses at operational level (RN). The structured survey, with closed-ended questions were employed to gain the nurses' opinions about their level of job satisfaction and job retention in relation with the four studied factors at pre-ODI stage and post-ODI stage. The levels of job satisfaction and job retention between pre-ODI and post-ODI stage were compared and other information such as the nurses' next year plan was also studied to support the research results.

The sample unit in this research was the registered nurses (RN) who have worked at the private hospitals in Bangkok under the S Company. Registered nurses can be defined as the nurses possessing a Bachelor's degree from the accredited nursing schools and obtained the professional license from the Nursing Council of Thailand. Those participating in this study can be grouped into four categories according to their working areas which are OPD, IPD, Critical Care, and Special Units.

Design and Development ODI

The ODI was designed to support the study and the hospitals' objectives. The summary of ODI is described as:

1. Review manpower planning to increase number of full time nurse
2. Develop training program of nurse and communicate to nurse managers and nurses formally
3. Develop leadership training programs for nurse managers, assistant managers and potential nurses who were in the waiting list for promotion which include coaching and mentoring

4. Introduce career path of nurse which consist of managerial and clinical track
5. Introduce new rate of basic salary, specialist fee and professional fee

Findings and Discussions

At pre-ODI stage and post-ODI stage, it can be summarized that the top 3 reasons for Satisfaction in nursing career represented the same topics which were:

1. This career brought benefits to the respondents themselves and their families (approximately 22%),
2. This career was an honorable profession (approximately 21%), and
3. This career enabled the respondents to make contributions to other people and to the society (approximately 20%).

It was found that at pre-ODI stage, the reasons of Dissatisfaction in nursing career were as follows:

1. Extensive stress due to high responsibility regarding the lives of patients (approximately 22%),
2. Exhausting workload (approximately 16%), and
3. Risk of disease infection (approximately 15%)

Also, the results from the post-ODI stage data was the same with the above 3 reasons as the key explanations why the respondents were not satisfied with their nursing career.

The findings illustrated that Interventions of Organization Development had some impact on the nurses' satisfactions and retention with the hospital. The factors in this study were Job Characteristics, Career Opportunities & Advancement, Salary & Benefit, and Managers' Leadership style. The study found that there were some sub- categories of each factor that statistically presented significant change after the intervention or at post-ODI stage.

Data from mean score and paired sample T-tested statistical analysis showed that some sub-factors significantly changed at Post-ODI at the level of 0.05.

However, from the study, the overall picture of satisfaction did not increase and the overall level of retention slightly increased. This can be explained by the following points:

- The increase of satisfaction across several aspects could not anyhow influence the overall satisfaction. This was because there were not sufficient amount of sub categories of the main factors that changed based upon the overall picture of each factor that represented no significant change. In addition, the sub categories of the main factors that had correlation with the satisfaction did not increase significantly.
1. The increase of retention across several aspects could influence the overall retention very slightly. It can be explained with the same reason with the level of satisfaction.
 2. There was only one sub factor that influenced both satisfaction and retention overall. It was about the relationship among nurses and colleagues.
 3. In another view, Age and Working Areas (OPD, IPD, Critical Care, Specialty Units) did not have an impact on the satisfaction and retention in both pre-ODI and post-ODI stage.
 4. Business Units (SVH, SNH, and COM) affected the satisfaction and retention at post-ODI stage. It could be implied that each unit had different people practice including the implementation techniques even though the HR policies and the interventions were the same.
 5. Years of work in the hospital affected the satisfaction and retention in both pre-ODI and post-ODI stages.
 6. There was a strong relationship between overall satisfaction and retention. The study demonstrated that the level of satisfaction influenced retention level significantly. In addition, the study showed also the relationship of retention on satisfaction.

Recommendations

The findings of this study suggest that management should be first and foremost concerned on creating job satisfaction and improving of retention via job description factor and Manager's leadership style.

Several implications arise from the results of this study. Nurse Managers and head nurses can use the findings from this study to develop effective leadership styles that can enhance nurses' job satisfaction and nurses' intention to stay at work since the findings

suggest that this sub-factor would be considered as hygiene factor under Herzberg's theory. It is important to provide nurses with *enough* of suitable instructions and assignments and then set enough of constant and suitable systems to monitor their assignment progress.

A hospital should also improve the nurse's job description. The top management should develop some interventions mainly to improve nurses' perception toward their job by being proud of their career, creating good relationships among their colleagues, and reducing their stress on their work.

In addition, this research also provides recommendations for Generation Y based on career opportunity and rewarding. Generation Y expects to be given opportunities to contribute and to quickly reap the rewards of their successes. To increase the level of engagement and retention for Generation Y, management can provide them with challenging roles that offer variety, opportunities to harness technology, opportunities to work with others, and opportunities to earn and progress quickly. Finally, management can also restructure the work planning to ensure that people can have a work/life balance or having flexibility in work policies especially for Generation Y.

According to the findings and the conclusion of this research, there are some recommendations that can be used as the guideline for the further research related to this study and for in-depth study on any specific areas of this subject.

These two hospitals implemented the same Human Resources policies. From the studied, it found that there was a significantly different impact between two hospitals. Therefore, the leadership style of nurse managers can be used further for an in-depth study. In addition, it is recommended to further study on the linkage of ODI and the impacts of each ODI.

Finally there are some topics about personality and personal values that can shape the ideas and suggestions derived by the participants during the interviews. It is then possible to suggest any assessment tools in the program such as the BrainMap framework to identify the type of participants.

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